

<b>POLICY AND PROCEDURE MANUAL BUREAU OF QUALITY IMPROVEMENT SERVICES</b>		
<b>SUBJECT: Mortality Review Committee</b>		<b>CHAPTER:</b>
<b>SUBJECT NUMBER:</b>		<b>CHAPTER NUMBER:</b>
<b>APPLICATION:</b> <u>  X  </u> Field Service Offices <u>  X  </u> Ft. Wayne State Developmental Center <u>  X  </u> Muscatatuck State Developmental Center <u>  X  </u> Central Office		
<b>INITIAL DATE OF POLICY: 05/30/2001</b>		<b>REVISION/REVIEW DATE: 10/17/05</b>
<b>REVISED BY: Barbara Bates</b>	<b>APPROVED BY: Ellen McClimans</b>	<b>PAGE: 1</b>

## I. **POLICY/ PURPOSE STATEMENT**

The Mortality Review Committee (MRC) is an integral part of the Quality Improvement Committee process for the Bureau of Quality Improvement Services (BQIS) and reviews information relative to the death of persons receiving services provided under the auspices of the Division of Disability and Rehabilitative Services (DDRS). This information is used to identify trends, direct training needs and recommendations that are forward to the appropriate entity (i.e. BQIS, ISDH, Attorney General Office etc.) Systemic issues regarding trends, and direct training needs are forwarded to the Quality Improvement Executive Council (QIEC).

## II. **STANDARDS**

The Mortality Review Committee reviews each death of an individual that meets the criteria listed later in this section and occurs in one of the following situations:

- In a State Developmental Center;
- In a large or small private Intermediate Care Facility for the Mentally Retarded (ICF/MR);
- In a community-based setting funded by a Medicaid Home and Community-Based Waiver Program with a Nursing Facility or ICF/MR level of care;
- In a community-based setting funded by Title XX or the Bureau of Developmental Disability Services;
- Within 90 days of transferring from one of the settings listed above into a Nursing Care Facility; or
- During a hospitalization from one of the above listed settings.

The information reviewed includes:

- Incident reports;
- Medical records;
- Staff notes for 30 days prior to death (or 30 days prior to hospitalization or admission to a nursing facility);
- Death Certificates;
- Autopsy reports;
- Case management notes, if applicable;
- Notification of Individual's Death Form;
- All information specifically requested on the Notification of Individual's Death Form, including the provider's internal investigation of the death; and
- Additional provider/hospital information as requested.

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The minutes and forms completed for the committee are confidential and are not subject to disclosure as a public record. Each document completed for the Mortality Review committee includes the following notation: ***This document contains intra-agency and inter-agency advisory and deliberative material. This document is confidential and is not subject to disclosure as a public record.***

Membership of the Mortality Review Committee includes representatives from

- The Bureau of Developmental Disabilities Services (BDDS);
- The Bureau of Quality Improvement Services (BQIS);
- The Indiana Division of Aging (IDoA);
- Adult Protective Services;
- The Bureau of State Operated Services (BSOS);
- The Developmental Disability Waivers Ombudsman;
- The Office of General Council, as needed;
- The Indiana State Department of Health; plus,
- A community physician who is experienced and understanding of the needs of individuals who are receiving services through DDRS;
- A community advocate for individuals who are receiving services through DDRS;
- A family member of and individual who is receiving services through DDRS or a self-advocate who is receiving services through DDRS; and
- A professional representative (RN or other medical practitioner) who is experienced and understanding of the needs of individuals who are aging and/or individuals with a physical and/or developmental disability.

All deaths meeting the following criteria will be reviewed by the full MRC:

- Deaths due to alleged, suspected, or known abuse, neglect or exploitation;
- Deaths from trauma/accident (fall, drowning, vehicular, unexplained injury, etc.);
- Deaths required to be reported to the coroner/medical examiner [IC 36-2-14-6(a)];
- Suspected, alleged, or known homicide or suicide;
- Deaths due to sepsis, aspiration, choking, pneumonia, seizures, bowel obstruction;
- Deaths possibly due to lack of appropriate non-emergency medical treatment that directly contributed to the death (medication errors, lack of supervision or training, repeated occurrences such as falls that place an individual at risk without intervention, improper feeding/positioning of individual with known aspiration risk, etc.);
- Deaths possibly due to lack of appropriate response or delayed response by provider staff, emergency personnel, or a personal emergency response system (i.e., lack of timely assessment of injuries, failure to recognize an emergency situation exists, care given at a lesser level than the average citizen would receive, etc.); and

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- Deaths due to elopement.

All deaths that meet the criteria below will be analyzed by BQIS, but may not necessarily be reviewed by the full MRC. BQIS will determine if issues exist (or are suspected) in these cases that rise to the level of significance as those automatically requiring full MRC review.

Cases not automatically requiring full MRC review may be resolved via the following means:

- BQIS may
  - 1) Close a case with no further action needed, or
  - 2) Refer a case to the Subcommittees.
- Subcommittees will review all cases that have been referred for consideration; then a Subcommittee may
  - 1) Close a case that does not require full MRC review, with recommendations regarding the case, or
  - 2) Request additional information and review the case a second time when the requested information is in file; or
  - 3) Refer a case to the full MRC, with recommendations regarding the case;
- The full Mortality Review Committee will review all cases that have been referred for consideration; then the MRC may
  - 1) Request additional information and review the case a second time when the requested information is in file;
  - 2) Close a case with recommendations for the provider, a referral to another entity; or a systemic recommendation; or
  - 3) Close a case with no recommendations.

Criteria for cases that may not necessarily be reviewed by the Subcommittees and/or the full MRC:

- Deaths of minor children or disabled adults who lived at home with their parents (unless abuse, neglect, or exploitation is alleged or suspected);
- Deaths due to a terminal illness when terminal illness is actual cause of death;
- Deaths due to natural causes, with the exceptions as described in the list of cases requiring full MRC review, as above.

In addition, 10% of the cases closed by BQIS will be randomly chosen each quarter and will be reviewed by the Supervisor of the MRC Coordinator/Analyst to assure consistency and accuracy of the decisions. If needed, the Supervisor will consult with one of the health care practitioners on the MRC.

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Cases may be closed at this point or may be referred to the Subcommittees if the issues of a case warrant further consideration.

III.    **DEFINITION(S)**

N/A

IV.    **REFERENCE**

A. Policy & Procedure Manual of BQIS: Quality Improvement Executive Council policy.

V.     **EXHIBITS**

Notification of Individual's Death Form

VI.    **PROCEDURE**

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**RESPONSIBLE  
STAFF/PERSON**

**ACTIONS**

A. Provider Agency

1. Initiates an e-mail or phone contact with the Incident Report Coordinator of the Bureau of Quality Improvement Services within 24 hours, or no later than the end of the first working day, following a death or first learning of the death.
2. Gives the following information during the call:
  - a. The name of the individual;
  - b. The time and place of the individual's death;
  - c. The reporting provider's name, address, and the contact person to whom a follow-up form should be mailed;
  - d. The name and address of the provider agency contact person; and
  - e. The preliminary summary of circumstances surrounding the individual's death.
3. Completes and submits an incident report, following the BQIS procedures, to the Incident Report Coordinator, BDDS (if the individual had a developmental disability), to the appropriate waiver specialist, and other required entities within the timelines specified in the Incident Reporting Policy.
4. Completes the Notification of Individual's Death Form, any additional information requested, and returns it to BQIS within 30 calendar days.
5. For a provider delivering services to an individual with developmental disabilities, if the provider does not produce, within the timeframes, the information that 460 IAC 6 requires (i.e., progress notes, habilitation notes, etc.), the provider will be referred to the BQIS director for review.

B. Incident Report Coordinator, BQIS

1. Receives calls regarding deaths and documents preliminary information.
2. Informs provider agency staff of the need to immediately fill out an incident report and submit it via the web-based

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**RESPONSIBLE  
STAFF/PERSON**

**ACTIONS**

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|   | <p>Incident Reporting System, as well as to fax a copy of the report to others required per the Incident Reporting Policy.</p> <ol style="list-style-type: none"> <li>3. Faxes a copy of the initial incident report, when received, to APS/CPS (if there is suspected or alleged abuse, neglect or exploitation).</li> <li>4. E-mails the BQIS MRC Coordinator/Analyst and the Assistant Director of Waiver Services the preliminary information provided by the caller and the incident form.</li> <li>5. Assigns MRC tracking number to the report.</li> <li>6. Assures report is entered in both the incident and Mortality Review databases.</li> <li>7. Attaches cover sheet to packet to inform the BQIS MRC Coordinator/Analyst which letter to send to the provider with MRC packet request.</li> <li>8. Sends original report and attachments to the BQIS MRC Coordinator/Analyst.</li> </ol>  |
| <p>C. MRC Coordinator/Analyst, BQIS</p> | <ol style="list-style-type: none"> <li>1. Assures that the tracking number is not duplicated on another case.</li> <li>2. Sends, within 2 business days of receiving the original notification of death from the Incident Report Coordinator, the provider agency a letter outlining request and directing the provider to the web-site in order to complete the Notification of Individual's Death Form.</li> <li>3. Creates a file where all original information for MRC packet will be maintained and completes the file checklist.</li> <li>4. Completes the first follow-up with providers within 30 business days of sending the packet.</li> <li>5. Sends second letter, if information has not arrived, within 10 working days of the follow up letter.</li> <li>6. Refers case to Supervisor for further action, if information has not arrived by due date in the second letter.</li> <li>7. Logs the information in the MRC database within 3</li> </ol> |

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STAFF/PERSON**

**ACTIONS**

- business days of receiving the information, reviews the information for completeness and, if not complete, notifies the provider of the information still needed.
8. Reviews each case within 10 working days of receiving all available information, per the guidelines in this policy, to determine if the full MRC will review the case.
  9. Seeks assistance from the designated BQIS entity when unable to determine if a case should go to the full MRC.
  10. Pulls a 10% random sample of cases received each quarter which BQIS closed and gives those cases to the Supervisor.
  11. Develops MRC summary cover sheet to attach to packet for all cases that will go to the Subcommittees.
  12. Assigns appropriate cases that are ready for review to an MRC Sub-Committee for review in upcoming months.
  13. Develops MRC summary cover sheet for all cases, showing the referrals from the Subcommittees that will go to the MRC.
  14. Assures that copies of the complete packet are made for all MRC members of those cases referred by the Subcommittees.
  15. Distributes case to all MRC members at the current month's meeting to be reviewed in two month's time .i.e., Cases for October review will be reviewed by the Subcommittee at their meeting held prior to the September MRC meeting, so cases will be ready for distribution at the September MRC meeting to be reviewed at the October MRC meeting
  16. Takes minutes at MRC meetings.
  17. Contacts providers regarding any requests for additional information made by the subcommittees or the MRC, within 3 business days of receiving the request.
  18. Follows up initially with the provider regarding requests for additional information within 15 business days (3

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STAFF/PERSON**

**ACTIONS**

weeks) of mailing the request.

19. Completes and sends second letter to the provider if additional information has not arrived within 10 days of second follow-up letter.
20. Refers case to Supervisor for further action if information has not arrived by the date given in the letter.
21. Sends a letter, within 5 business days of a case being closed, indicating to the provider that the case review is completed and giving the findings.
22. Assures copy of letter goes in file.
23. Completes the MRC's meeting minutes and e-mails them to the MRC members within 5 business days.
24. Summarizes the MRC's referrals and recommendations and forwards to the Director of BQIS for approval.
25. Routes information and/or the case to the entity with the referral for further action;
26. Obtains copy of final letter for those cases that required further BQIS investigation before closing that MRC file.
27. Archives MRC cases based on the schedule developed by BQIS and following established HIPAA privacy guidelines.
28. Obtains clarification on procedures and policies from supervisor, as needed.

Chairpersons, Mortality  
Review Subcommittees

1. Schedules and conducts monthly subcommittee meetings.
2. Keeps written notes of monthly subcommittee meetings, including the members present at each meeting and recommendations for each case.
3. Notifies MRC Coordinator/Analyst to request additional information, as needed, to reach a consensus regarding the case.
4. Reviews case a second time, when additional information has arrived in order to reach a final recommendation.
5. Notifies MRC Coordinator/Analyst of which cases the



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**RESPONSIBLE  
STAFF/PERSON**

**ACTIONS**

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| <p>E. Chairperson, Mortality Review Committee</p>   | <p>Subcommittee has closed and the recommendations for those cases, so the MRC Coordinator/Analyst can send the appropriate letters to providers.</p> <ol style="list-style-type: none"> <li>6. Completes Subcommittee Review cover sheet for each case being referred to the full MRC, based on the discussion and recommendations of the subcommittee, and returns the cover sheet to the BQIS MRC Coordinator/Analyst within 2 business days of the Subcommittee meetings.</li> </ol> |
| <ol style="list-style-type: none"> <li>1. Completes agenda and facilitates MRC meetings.</li> <li>2. Coordinates and ensures completion of accurate MRC minutes.</li> <li>3. Coordinates and ensures compilation of the MRC's recommendations.</li> <li>4. Ensures MRC's recommendations are forwarded to the BQIS Director for approval and possible further action.</li> <li>5. Requests a plan of correction from providers who have not been timely in submitting the required information, and if provider does not subsequently comply, will refer the provider to the DDRS Sanctions Committee for further action.</li> <li>6. At least semi-annually, completes a review of the Mortality Review database to ensure that information is entered.</li> <li>7. Assures all MRC Committee members who are not state employees have had HIPAA training. (All state employees on the Committee would already be HIPAA certified due to State requirements.)</li> <li>8. Notifies FSSA Privacy Officer of new MRC members who are not State employees, so the new members can complete HIPAA training.</li> </ol> |  |

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RESPONSIBLE STAFF/PERSON	ACTIONS
F. Mortality Review Committee Members	<ol style="list-style-type: none"> <li>1. Follow and abide by all confidentiality requirements of HIPAA, including signing a HIPAA compliant confidentiality statement and successfully completing HIPAA training.</li> <li>2. Review, evaluate and note concerns and questions for assigned cases prior to the subcommittee and full MRC meetings.</li> <li>3. Attend meetings, share expertise, and provide input to assist Subcommittees and the full MRC to reach a consensus regarding the final actions for cases, identifying trends, and developing recommendations – both case-specific and systemic.</li> </ol>
G. Director, Bureau of Quality Improvement Services	<ol style="list-style-type: none"> <li>1. Oversees progress of the MRC committee and communicates QIEC decisions to the MRC chairperson.</li> <li>2. In extenuating circumstances, the Director may determine on a case-by-case basis to extend the time frames for providers to submit information to the MRC.</li> </ol>

## MRC INITIAL CASE REVIEW DECISION TREE

